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Original Communications.

THE DURATION OF PREGNANCY.

By CHARLES E. BUCKINGHAM, M.D., Boston.

MR. EDITOR,—The duration of pregnancy is a point upon which we are often called to give an opinion. For many years, I have tried to find from my patients such facts as would enable me to form some table which might be of value to myself and the profession. Of late years, more of them have been of a class who are willing to trouble themselves, by keeping records of the days on which their monthly periods began. During the last few weeks, I have been amusing myself with a review of records, and exercising with the pencil. The result I send to you in the form of tables, with only a few comments, leaving those professional brethren who are interested in such matters to draw their own inferences, and compare their experience with mine. I should say that every case has been rejected where I have found the slightest chance to hang a doubt upon it.

The first table gives the number of days from the first day of the last menstruation, and in that table the particular labor, whether first or otherwise, is noted. The second table is simply a statement of the weeks after the commencement of the last periods in which the different labors took place.

There is an opinion prevalent among women that first pregnancies are shorter than subsequent ones, and the mischievous say that they are no shorter, unless marriage takes place too late. The longest case but two of which I have the record was a first pregnancy, and the shortest, not known to be the result of violence, and in which the child lived, was also a first or a fifth pregnancy.

The third table will show that, in my own practice, up to the completion of the fourth pregnancy, a decided majority (over 57 per cent.) carried their children ten lunar months and more. After the third (3d) pregnancy, 56 per cent. were confined be-

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fore the ten lunar months expired, and after the fourth (4th) over 69 per cent.

Of course, the record of so few cases is not enough to establish any rule, but collections of cases by fair observers, who will publish them, will help some professional statistician in his observations.

One of the curiosities of the collection is the patient who went three hundred and thirty (330) days, and who acknowledged having been several times operated upon for the purpose of procuring abortion, and having been constant in the taking of medicines for the same purpose.

I afterwards found that this woman had invariably tried to produce abortion in every pregnancy. She has been confined, I think, twelve (12) times in all, but has had only four (4) living children. She has seldom gone over seven (7) months, and her husband professed to know nothing of any attempt to procure abortion. I am satisfied, from her own statements, however, that except perhaps in two (2) instances, there has always been some endeavor, by drugs or instrumental interference, to put an end to pregnancy. In two cases in which it was attempted it failed, and in one of the labors she was attended by the operator, who, as is usual in such cases, performed his operation on the condition that he should not be called upon to attend the case. This child was also living.

Of all the patients, only fifteen (15) were confined on the two hundred and eightieth day, two (2) only of these being first labors.

One pair of twins (a fifth labor) was born on the two hundred and thirtieth (230) day; one pair on the two hundredth and forty-seventh (247), a sixth labor; one pair on the two hundred and seventy-sixth (276), a second labor; one pair on the two hundred and seventy-eighth (278), a fifth labor; and one pair on the two hundred and eightieth (280), a second labor.

A question has risen, which only long observation can answer—how much has a constantly irregular period of menstruation to do with the duration of labor? I think that a very large minority of women menstruate upon another than the twenty-eighth

[WHOLE No. 2089.]

day. Certainly a large minority are irregular; and many have some other regular period, like twenty-one, or thirty, or even more days.

TABLE I.

No. of days from beginning of flow.	1st Labor.	2d Labor.	3d Labor.	4th Labor.	5th Labor.	6th Labor.	7th Labor.	8th Labor.	9th Labor.	10th Labor.	Not Stated.	Totals.
230	1											2
231	1											1
237												1
239												1
240	1											1
243		1										1
245												1
247	1											2
248		2										2
250	1											3
251												1
252												1
254												3
256												2
257	1											3
258	2	1										3
259	1											1
260	1											1
262		1										2
263	1											2
264	2											4
266	2											5
267	1	1										2
268	4	1										5
269	4	1										5
270	3											6
272												3
273	3	3										6
274	2	4										7
275	2	4										6
276	4	4										8
277	5	1										6
278	7	3										10
279	5	3										8
280	2	2										4
281	6	8										14
282	3	4										7
283	5	6										11
284	1	6										7
285	2	2										4
286	5											5
287	6	3										9
288	3	4										7
289	3	1										4
290	2											2
291	2	3										5
292	3											3
293	1	4										5
294	1	1										2
295	2											2
296		1										1
297	3	1										4
298	1											1
299	1											1
300												1
301												1
302	1	1										2
303	1	1										2
304	2											2
305	1											1
306												1
307		2										2
308		1										1
309												1
310												1
311												1
312	1											1
313												1
314												1
315												1
316												1
317												1
318												1
319												1
320												1
321												1
322												1
323												1

The same table, as shown by weeks, is as follows:—

TABLE II.

23d week	3
24th "	1
25th "	5
26th "	9
27th "	14
28th "	13
29th "	41
30th "	78
31st "	75
32d "	60
33d "	18
34th "	11
35th "	2
36th "	1
37th "	1
38th "	1

Total 323

TABLE III.

Labor.	Confined within forty weeks.	Confined on or after 28th day.
1st.	54	60
2d.	34	54
3d.	28	30
4th.	10	14
5th.	7	5
6th.	5	1
7th.	2	1
8th.	2	0
9th.	1	0
10th.	1	1
Unknown.	5	8
Totals.	149	174

The earliest-born child, that lived, was one of a pair of twins. The case may be of interest. The mother was pregnant for the fifth (5th) time. In November, 1855, she had a sore mouth, which continued up to Feb. 24th, 1856, when I was called to her. The mouth and throat were filled with aphthae, and "for the last twenty-four (24) hours, the saliva had been running from her constantly." There was no appetite. Gave her a mixture of conium with chlorate of potash, which afforded no relief. Up to March 1st, she got, one after another, quinia, morphia, conium, hyoscyamus and lime. The combination of quinia and morphia gave her sleep, and, while using it, the salivation diminished and the aphthae disappeared. Once or twice daily, however, the cheeks became swollen over Steno's ducts, and there was profuse salivation to the amount of several pints a day.

March 3d, 1856, after a restless night, labor began at 9, A.M., with rupture of the membranes. The rupture took place immediately on rising from bed, and was preceded by chill and cough. I saw her at 11, A.M. Os uteri one half dilated. Vertex in left occipito-cotyloid position. At 11.40, A.M., the first and second stages were complete. Child, male. A second child was born, also a male, and in the same position. This was at 11.50, A.M. The second child

came away with its placenta and membranes not ruptured. Five (5) minutes later, the placenta of the first child was born. There was no sign of blood with either, nor was the amount of fluid large. The second child died at 11, P.M., respiration never having been properly established. The first child, dressed, weighed three and a half ($3\frac{1}{2}$) pounds. It lived till the 3d of the following September, when it died of cholera infantum.

The mother never had any secretion of milk. The salivation continued till the 31st of March (1856), when it was very slight. During this time, there were days when it ceased altogether, and again when it amounted to eight (8) pints in twelve hours.

EXPERIMENTS AND OBSERVATIONS ON ABSINTH AND ABSINTHISM.

(Concluded from page 71.)

I HAVE thus given the various opinions held by observers as to the physiological effects of absinth, and now I wish to present some of the results of my own experience, while studying its effects on animals. It may seem hardly worth while to call the attention of American physicians to this drug; but, as there seems to be an erroneous opinion held as to its innocence, I think it right to show that absinth, or wormwood, has its toxic effects, and those pretty decided ones. One American writer on *Materia Medica and Therapeutics** says that, "Overdoses produce gastric pain, nausea and vomiting; occasionally, headache and giddiness, with dulness and confusion of ideas, have been observed after large doses, and are probably due to the essential oil that the plant contains. . . . A male adult, who had taken about half an ounce of the oil, was insensible and convulsed; his jaws were clenched, and he foamed at the mouth. . . . Like other tonics, it has been recommended in epilepsy."

The author of this work does not say whether any dose of the essence is really fatal, nor does he mention that an epileptiform fit may be caused by an overdose; but he cites one case where this has occurred. Now, we assert that absinth (essence) will produce a veritable attack of epilepsy, and will even induce death, if a large enough dose has been administered. I refer my readers to the case occurring at the Hôpital Bicêtre, to show that this substance

will produce epilepsy in man, and there are many other similar cases recorded in the Paris hospitals, though some are erroneously attributed to alcohol.

I have called attention to the experiments of M. Magnan at the aforesaid hospital, for a confirmation of this opinion. I will, also, mention some others that we performed together at the Hôpital St. Anne, a new and large hospital, finished last spring, to receive diseases of the brain and nervous system, and of which M. Magnan is one of four resident physicians.

It has been supposed that the epilepsy occurring in absinth drinkers was owing to the alcohol and other substances composing the *liqueur*, which affect the brain and thus cause convulsions. We think that these convulsions have occurred after drinking of a larger amount than usual of the *liqueur*, *absinthe*; and that absinth itself brings about epilepsy by its direct intoxication, and not in consequence of the brain becoming diseased by continuous abuse. I do not intend to give the idea that epilepsy may not occur in consequence of a lesion produced by a long abuse of alcohol, and where absinth has not been taken. But, in these cases, there are lesions in the brain, such as thickening of the meninges, and sometimes, also, superficial softening, and alcohol by its super-excitation may produce an attack of convulsions, while, on the other hand, absinth produces epilepsy without any such lesions having been observed. Briefly, absinth in one overdose will produce epileptiform convulsions, while alcohol, primarily, can produce such effects only in exceptional cases, as in a person who has had epilepsy, or who is predisposed thereto by hereditary influences. To confirm this view, I will relate the following experiments:—

Experiment 1.—2 hours 37 min. 1.75 grammes (3ss.) of essence of absinth (very pure) was introduced into the stomach of a guinea-pig, in good health, by the œsophagean bougie.

2.47.—Chills.

2.52.—Scratches his head and face with paws.

2.55.—Muscular tremblings in anterior part of body.

2.57.—Twitches muscles of head and neck; fixes his paws and contracts muscles of legs.

3.00.—Sensibility preserved,

3.35.—Series of muscular twitches, with rigidity of body and legs. Chattering of teeth; head turned over right shoulder. Sensibility obtuse. Furiously bites wood

* Stillé on Therapeutics and Materia Medica. Philadelphia: Blanchard & Lea. Vol. ii., p. 619.

of the drawer in which he is placed. Head and shoulders twitch violently. Stands up suddenly, and falls over on to side.

3.40.—Movement of gyration from left to right.

3.43.—Convulsions, after a tremendous bound high into the air, like the bounce of a rubber ball, and falls over on to his side, foaming at the mouth, clenching his teeth, moving all four legs as if running, and then 3.46, remains pretty quiet, and apparently dead, though the heart beats until 3.50, when he died.

Autopsy.—The brain and spinal axis have not the slightest congestion or clot, nor are they excessively pale. No excess of serum in any of the ventricles. The lungs have an appearance like marble, and are in a state of slight congestion. No peculiar appearance about the heart. The stomach filled with some semi-fluid substance like food, and smells strongly of absinth, as does the whole body. The gall-bladder distended with fluid. No rupture of trachea, cesophagus or stomach.

Experiment 2. Alcohol.—At 2 hrs. 27 min., injected into the stomach of a guinea-pig, by a bougie, 5 grammes of alcohol.

2.40.—Has the appearance of an inebriate, and paralysis of posterior portion of body. On being pricked, walks with fore legs, dragging along his hind legs.

2.46.—Trembling of hind legs; utters little cries, and lies extended on his side; otherwise motionless.

2.50.—Cries on being pinched, and withdraws the part touched, with trembling of extremities.

2.58.—Continuance of same symptoms.

3.07.—Remains motionless on back, with exception of slight tremblings of posterior, and sometimes of anterior limbs. Utters, now and then, low cries.

3.12.—Sensibility obtuse; posterior limbs quiet, and the anterior trembling.

3.20.—Perfect resolution and drunkenness, which continued till his heart ceased beating, at the hour of 11.20.

The autopsy revealed very intense congestion of the stomach, and of the intestines for one third of their extent. The intestine was filled with gas in part of its length, and, near the pyloric orifice, with a gummy liquid, which looked mucopurulent. Near the cardiac and pyloric orifices were the centres of a mucous ulceration, surrounded by a very intense congestion. The duodenum had a most beautiful appearance, like crimson velvet, showing the first stages of inflammation, each capillary being wonderfully defined, and illustrating

the anastomoses. The bladder was distended with urine, containing a large amount of albumen. The whole body smells strongly of alcohol. The brain showed a most intense congestion. The cortical substance was of a rose color. All the arteries and veins were turgid with blood. The spinal axis, also, showed marks of great congestion.

Experiment 3. With Absinth.—3 hrs. 45 min. Injected 4.50 grammes of absinth into the stomach of a rabbit.

4.25.—Holds himself stiffly, with muscles of leg strongly contracted, in a state of demi-stupor. Sensibility obtuse; keeps the position in which he is placed; respiration quickened and short.

4.35.—Little convulsive twitches of muscles, gradually increasing; champing of jaws, the head turned to the right side, foaming at the mouth. Convulsive movements grow more intense, till an epileptiform convulsion commences, with the head turned over backwards, and the animal falls over on to side, with all the extremities agitated and beating the air; rises again, and falls over immediately, turning the eyes and rolling over the membrana nictitans; the right pupil contracted more than the left.

4.45.—No less than ten convulsions have occurred, the strength gradually growing less.

4.48.—Head now turned to the left side.

5.10.—Convulsions still continue, but the strength very much reduced.

6.20.—Right pupil contracted, the left slightly dilated; slight movements in legs, though the animal lies in a mass; respiration very feeble.

12.00.—Respiration stertorous.

1.02.—Death.

Post Mortem.—The hemispheres, being uncovered, present no notable alteration, though the right side seems to have a stronger vascular injection than the left. The bulb and spinal axis appear normal. The cerebral substance gives a strong odor of absinth. The sinuses seem black and congested. Sections, taken at random through the brain-mass, reveal nothing abnormal. The heart is very large; vessels strongly injected. On cutting into the vena cava, black coagula escape. Right ventricle filled with a black coagulum. Left ventricle has a small amount of black blood; the walls sufficiently firm. Lungs of a rose color, devoid of air, as after collapse, resembling carnification. No crepitation felt between the fingers; on the lower margin of both sides a dark-red tint, where

the tissue is slightly injected. Smell of absinth. Stomach has no ecchymosed spots on the external surface; half of its bulk occupied with food smelling strongly of absinth. Mucous coat pale or brownish in various places, covered with a brownish mucus; no appearance of ulceration. Nothing remarkable in the intestines. The liver smells strongly of absinth. The bladder almost empty.

Experiment 4. With Absinth.—2 hrs. 10 min. .80 grammes of absinth injected into the stomach of a frog. No vomiting.

2.30.—Remains in his place, and, when pricked, arches his back, holding himself stiffly. No convulsions.

Experiment 5. With Alcohol.—Seventy-five one hundredths of a gramme injected into the stomach of another frog, and stupor ensued shortly after. No vomiting. He died in the evening, and the autopsy revealed inflammation of the alimentary canal.

Experiment 6. With Alcohol.—3ijss. of alcohol was placed in the stomach of a rabbit, through an œsophagean tube.

In fifteen minutes, movements sluggish.

In twenty minutes, posterior limbs partially paralyzed.

In half an hour, lies stretched out on belly, perfectly quiet, but, when aroused, moves with great difficulty, tumbling first to one side and then to the other.

In thirty-five minutes, lies with hind legs extended, resting on belly and forelegs; when excited to move, hind legs remain extended; sensibility preserved.

In forty minutes, anterior members paralyzed, but hind legs move more readily than before.

In three quarters of an hour, the animal moves with great difficulty, and does not seem disposed to change its position. I left the animal, soon after, extended on its side, breathing slowly, and apparently *in articulo mortis*. The next morning, it was dead.

Let us now examine the analogy between the two drugs, absinth and alcohol, in their therapeutical effects, and we consider them entirely distinct and opposite. We will compare, side by side, the different symptoms as detailed in these last six experiments performed by myself [these six being selected from a series of thirty conducted by M. Magnan and myself in Paris last spring, with the exception of the last mentioned, which I conducted lately].

SYMPTOMS.

Absinth.

Animal perfectly well for fifteen minutes, at the least, after the ingestion; with the exception of a few muscular twitchings and a slight uneasiness.

Muscular agitation, commencing in the anterior portion of the body.

No paralysis.

Epileptiform convulsions and rigidity, resulting in a rapid death.

No apparent lesion, except, perhaps, a slight cerebral congestion, showing the cause of death to be intoxication of the poison.

Alcohol.

In a very few minutes symptoms of inebriation, resulting in torpor.

Paralysis, commencing in posterior extremities, and then extending to the anterior.

Paralysis of both posterior and anterior extremities in succession.

No convulsions. Stupor, coma, resolution and a gradual death.

Lesions of the brain and of the alimentary canal; gastritis and enteritis might have supervened, had the animals lived long enough for their development.

The epileptiform convulsions occurring in absinthism are the result of poisoning by absinth, and are not attributable to the alcohol contained in its *liqueur*.

The paralysis in alcoholism (whether by *absinth* or *cognac*) is due to the alcohol and not to the absinth.

ACTION OF SUGAR ON PERCHLORIDE OF IRON.—We are indebted to a correspondent for the following abstract from the *Revue Medicale* of Dec. 31, 1867:—

In reply to a letter by M. Caradec with regard to the action of sugar on the perchloride of iron, M. Adrian says:—

"When to 125 grammes of distilled water 25 drops of perchloride of iron is added, the liquid obtained is of a slight amber color, and may be kept for 24 and even 48 hours without undergoing alteration. If, on the other hand, the same proportion of perchloride is dropped into a mixture of twenty-five grammes of syrup of sugar with one hundred grammes of distilled water, the liquid immediately takes a much deeper color, and after some hours ferridcyanide of potassa shows the reduction of the iron salt. This transformation becomes much more evident at the end of twelve hours, and after twenty-four hours the greater part of the sesqui-salt is changed into a proto-salt. According to this experiment, it is evident that sugar produces a modification in the perchloride of iron, recognizable by the change of color; and the presence of protochloride of iron in the solution furnishes very evident proof of the alteration produced." He found that the same change takes place even more rapidly with other syrups, as that of marshmallow, tolu, codeine, morphine, &c., or

with those containing tannin, or any extractive matter. "In view of these results," he concludes, "we believe it is not too much to assert that the solution of the perchloride of iron can preserve all its therapeutic properties only when administered in common water, or, better still, in distilled water."

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending February 8th.
Reported by Messrs. JOSIAH HALE, Jr., and
RUFUS P. LINCOLN.

[Continued from page 75.]

9. *Tumor of Palate.* Dr. H. J. BIGELOW.—Female, æt. 47. Eight years ago, a small tumor, of the size of a bean, appeared upon the roof of the mouth, and when it had doubled its size, it was incised, and its contents evacuated. Patient describes it as appearing like fine sponge. Considerable hemorrhage followed, which was controlled by styptics. The wound healed in four weeks. A year after, it again appeared at about the same point, and gradually increased until it was as large as an English walnut, and situated on the right of the median line, its posterior surface resting on the soft palate. It was elastic, and covered by mucous membrane of normal appearance, and did not encroach upon the nostril. An incision was made around the base of the tumor, which was readily enucleated. No hemorrhage.

10. *Tumor of Palate.* Dr. H. J. BIGELOW.—Female, æt. 48. Eight years ago, a tumor appeared at the same point as in the case last described, and increased until it presented almost the same appearance, there being scarcely any appreciable difference in form. An incision was made around the base of the tumor, and in dissecting it off from its attachments, it was found to have involved the soft palate. The latter was not completely divided, however, and only a very small opening was left. During the operation, an artery nearly as large as the radial was cut, and it bled profusely. It was found impossible to tie it. A sponge soaked in a solution of persulphate of iron was applied, with compression, which checked the hemorrhage.

11. *Supra-orbital Aneurism.* Dr. H. J. BIGELOW.—Male, æt. 14. Two years after being struck with a stone at a point half an inch above the supra-orbital foramen, a small pulsating tumor appeared. It gradu-

ally increased until it had attained the size of a filbert. Pressure made simultaneously over four vessels connecting with it, caused the pulsation to stop. A ligature was passed under each of the three smaller ones and tied. A curved needle was now passed under the largest, and a figure-of-eight made over it with a ligature.

12. *Ranula.* Dr. H. J. BIGELOW.—Two years' duration. Size of a small walnut. Incised, and cauterized with nitrate of silver.

13. *Canceroid Ulcer.* Dr. H. J. BIGELOW.—Male, æt. 45. Of cheek, recurrent. Enucleated by incision, and dissected out.

14. *False Anchylosis of Knee.* Dr. H. J. BIGELOW.—One year's duration, following confinement on account of fracture of neck of femur. Adhesions were broken up by extension and flexion.

15. *Housemaid's Knee.* Dr. H. J. BIGELOW.—Male, æt. 38. While attending to his business, has been obliged to rest his whole weight upon his knee. Two months ago, the swelling appeared and pain commenced. An incision of two inches was made into the tumor, and half an ounce of coffee-colored fluid evacuated. The internal wall was covered with cylindrical and elongated trabeculae, semi-translucent and of worm-like shape.

16. *Fissure of Palate.* Dr. S. CABOT.—The case was one of congenital fissure of the soft palate, in the median line. After tickling his palate with a feather for several days previously, the operation of staphylorrhaphy was performed in the usual manner, and the vivified edges approximated by six silk sutures soaked in compound tincture of benzoin.

Operations for the week ending February 15th.

1. *Cleft Palate.* Dr. H. J. BIGELOW.—Male, æt. 24. In addition to the usual operation of staphylorrhaphy, a flap was dissected from the posterior wall of the pharynx and its lower border united with the freshened posterior surface of the velum. There was free hemorrhage from the palatine arteries, which was checked by ice held in the mouth.

2. *Cleft Palate.* Dr. H. J. BIGELOW.—Male, æt. 18. Dr. Bigelow operated successfully upon this patient for hare-lip fourteen years ago. The usual operation of staphylorrhaphy was performed.

3. *Evisceration of Toe-nail with freezing mixture.* Dr. S. CABOT.

4. *Chronic Mammary Tumor.* Dr. H. J. BIGELOW. Patient æt. 19. One year's duration. Pain of a "stinging character."

Tumor as large as a horse-chestnut, deeply seated, indurated, movable, not adherent to the integument, and situated one and a half inch above the right nipple. It was excised through a transverse incision of three inches.

5. *Abscess of Abdominal Parietes, with Ether.* Dr. S. CABOT.—A large abscess, filling right iliac and lumbar regions, was incised, giving vent to about a quart of pus, greenish-colored, but with offensive odor.

6. *Encephaloid Testicle in Abdominal Parietes removed.* Dr. H. J. BIGELOW.—Patient et. 50. This was an undescended testis laying upon the abdominal parietes. Has worn a truss since fifteen years old, for a supposed hernia opposite the right internal inguinal ring. Till fifteen years ago the tumor was no larger than a butternut, but since, its growth has been steady. At the time of operation there was an oblong tumor, fixed beneath, but not adherent to the integument, extending from the spine of the pubes of the right side obliquely upward and outward to the lower margin of the ribs. It measured thirteen inches in its long, and ten in its short diameter. A trocar and canula were thrust into the tumor at two different places, but only a few drops of dark blood escaped. An incision thirteen inches long was then made through the integument over the tumor, parallel with its long diameter, and the opening enlarged by an incision in the inner flap three inches long, at a right angle to the first at its middle. About three ounces of clear fluid escaped from the lower part of the wound, supposed to come from the *tunica vaginalis*. The incisions were then carried through the muscles which covered its upper half, when the whole of the tumor was exposed. It was readily dissected by the fingers from the surrounding soft parts and *transversalis fascia*, till but two points of attachment remained, one a fibrous band extending from its lower and posterior part towards the spine of the pubes, the other somewhat larger, extending from near its apex to the internal inguinal ring: the former was probably the gubernaculum, and the latter the spermatic cord. Both were tied, and the tumor cut away, leaving a small portion of the diseased mass still attached outside the ligature about the cord to prevent retraction. This answered its purpose perfectly, till at the suggestion of a by-stander it was partially removed, when the cord at once retracted. Immediately there formed a pulsating tumor inside the *fascia transversalis*,

which in a short time burst off the ligature and poured out its blood with a large central jet into the wound. This, the enlarged spermatic artery, together with several smaller arteries, was tied. A large number of small vessels were tied during the operation, but there still being some oozing of blood the wound was left open to the air till it should cease.

A future number of the Journal will contain a full report of this case, with its subsequent history.

[To be continued.]

BOSTON CITY HOSPITAL.

Some of the more important Operations in February.
Reported by Messrs. G. W. GAY and L. D. GUNTER,
House Surgeons.

CASE 1st.—*Injury to Head.* (Service of Dr. THORNDIKE.)—M. C., schoolboy, et. 12, entered Hospital Jan. 29, 1868, and from him and his mother the following history was obtained:—

While he was at play, five weeks before entrance to Hospital, his head was caught between a closing door and the casing, as he was running out of the room. He fell to the floor, and was insensible for a few moments, but soon jumped up and began to swear at his playmate. That night he complained of a little pain in the head, but seemed in his usual health the next morning, and nothing was noticed at the place of injury.

He continued at school a fortnight, but complaining more and more of pain in the head, especially at night or when he was tired. This headache, with his general debility, finally caused him to leave school, and after attending the B. Dispensary awhile, he was admitted to Hospital on the above date.

General appearance very anæmic; body and extremities emaciated, face bloated. There is a firm, immovable tumor in the upper part of right temporal fossa as large as a small filbert—tender but not discolored; there is a corresponding smaller one on the opposite side of the head just in front of the ear—not tender. Eyes very prominent, lids and conjunctivæ œdematous and ecchymosed, no strabismus, pupils a little dilated, sensitive to light, sight a little impaired; hearing good; pulse 140, feeble, irregular, and intermitting one in every ten beats. Tongue straight, appetite poor, strength feeble; complains of much pain in head, and generally localizes it in right side and forehead.

The mother says the protuberance of eyes and œdema of lid began to be devel-

oped about the time he left school or shortly before, and has steadily increased since.

There is a direct aortic murmur in the heart, and a little bronchitis in right lung; urine clouded with mucus and urates, but contains neither albumen nor sugar; lymphatic glands are all enlarged, but not painful.

Patient put on generous diet and tonics, and for a few days did not seem to rally but rather fail, but in a short time his appetite returned and he appeared much brighter. He continued in this way brighter for a few days, then more stupid again, but on the whole gradually failing till Feb. 14, when the record is, as follows:—

Pulse 120, weak, irregular, and intermittent; has a little delirium; no appetite; takes very little notice of anything; urine about the same; bowels free; tumor as large again as it was at entrance, and discolored; oedema of face and lids increased; eyes more prominent; strength much less; pain in head very severe, and referred especially to right side and forehead; sight not quite so good, and he is quite deaf. There is also a slight bloody discharge from the right ear. Patient etherized, and the operation for trephining done at the seat of the tumor in the usual way. On reaching the bone, a patch of lymph, equal in area to the tumor, was found, and the periosteum dissected up on the same spot. As soon as the disk of bone was removed, the *dura mater* immediately plugged the opening, and on slitting it up there was a gush of serum which flowed freely for ten or fifteen minutes, becoming bloody towards the last and allowing the brain to fall away from the cranial walls. At this time his pulse began to waver, and the flow was immediately checked by a compress; and stimulants were given per rectum. He rallied very slowly.

2, P.M.—Two hours after operation, unconscious. Pulse 120, weak and irregular. Respiration, heavy, 40. Continue injections of brandy and milk.

4, P.M.—Pulse 120, jerking and weak; unconscious; respiration easy; skin of face presents a peculiar shrunken appearance from the loss of serum.

6, P.M.—Pulse 136, weaker and quicker; can be aroused, and asks for water; takes wine whey freely; passes urine well; complains of pain in head.

Midnight.—Pulse 120, stronger and regular; lies quiet; has vomited a very little; one dejection; takes nourishment well.

Feb. 15th, 5, A.M.—Pulse 130, weak and irregular; respiration 48 and laborious; unconscious; serum oozes through bandages very freely.

Patient gradually failed, and died at eleven, A.M., 24 hours after operation. Mother could not be induced to consent to an autopsy, and hence none was made.

REMARKS.—Dr. Thorndike was led to think there was a fracture of the frontal bone extending through the roof of the orbit, and thus allowing the serum to escape into the cellular tissue of the lids. The tumor and a feeling of depression below it, the tenderness, stupidity, and time which elapsed after the injury to the development of the symptoms, all tended to confirm this diagnosis.

CASE II.—*Excision of the Head of the Femur.* (Service of Dr. CHEEVER.)—M.D., æt. 6, female, entered hospital Nov. 1st, 1867, with pain in right knee, which had existed for six months. Examination showed that the right natis was flattened and limb shortened, that flexion and rotation of the thigh upon the pelvis increased the pain, but gave no crepitus. Treated by rest in bed, and extension of three pounds. At the expiration of a month she had improved, flexion and rotation causing but slight pain. At the sixth week, however, she began to complain of pain in knee when moved, so that it was difficult to re-apply the bandage.

At the third month, she was comfortable when quiet, but the slightest jar or movement gave severe pain. Examination was made under ether, and a slight crepitus detected in the hip-joint. No marked change during the following month.

Feb. 4th.—Appetite failing for several days. Comfortable with extension.

14th.—Restless at night. Pulse weak. Appetite poor. Nates slightly flattened. Moderate pressure over trochanter gives severe pain.

28th.—Failed gradually since previous date, and, under the circumstances, it was thought best to perform an operation for excision of the head of the femur.

Patient etherized, and a V-shaped incision made over the trochanter major, the apex pointing downwards. The capsule was divided by a sweep of the knife, and the head of the femur thrown from the socket. It was found to be diseased over a greater part of its surface, and the brim of the acetabulum denuded one third of its circumference. About three drachms of pus escaped from the joint. The femur

was sawed with a chain saw, just below the trochanter major. The cancellous structure was found to be very firm, and the periosteum in good condition. The carious portion of the acetabulum was left to exfoliate. There was but very slight hæmorrhage, and no ligature required. The flap was secured upon the dorsum of the ilium, the wound being left open. Patient was placed in bed upon the left side, and the leg placed upon a pillow.

Evening.—Slept most of the afternoon. In semi-recumbent position, looks cheerful, and says she has no pain.

10 o'clock.—Sleeping. Wound dressed with dilute solution of carbolic acid—Ziss. to Oi.

Feb. 29th.—Slept well all night, and is bright and cheerful. Wound kept open and filled with the carbolic acid wash, and covered with a compress. Appetite good. Pulse 130.

Evening.—A comfortable day. Has not required an opiate since the operation. The wound looks clean and healthy. No hæmorrhage.

REMARKS.—In this case, it will be noticed that there was apparent amelioration of the symptoms under treatment by extension, but that no real change took place. The disease progressed to the formation of pus, and to caries and partial absorption of the head. Absolute relief from pain was given by the operation, and it was followed by no constitutional shock.

Bibliographical Notices.

On the Diagnosis, Pathology and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D. Lond., F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, &c. &c. First American, from the Second London Edition. Philadelphia: Lindsay and Blakiston. 1868. 8vo. Pp. 707.

This work is evenly divided into two parts—the first on Diagnosis, the second on Pathology and Treatment. The last-named department, embracing two subjects, is rather meagre on treatment.

The natural history and diagnosis of female diseases are very complete and minute.

In the first 150 pages, we have the data obtained without physical examination, such as menstrual derangements, hæmorrhages,

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discharges, disorders of micturition, abnormal sensations, &c. &c.

One hundred pages are devoted to the physical examination of the generative organs; and about as many more to the examination of the abdomen.

Under the second part, we have chronic inflammation, leucorrhœa, amenorrhœa, dysmenorrhœa, menorrhagia; hæmatocele; pelvic cellulitis; flexions; inversion; prolapse; fibrous tumors; cancer; diseases of the ovaries; diseases of the external organs; sterility, &c.

This treatise is distinguished by its methodical subdivision of symptoms and diseases; its minute elaboration of details, and its pains-taking array of all deviations from the normal state. It is particularly full in the parts devoted to diagnosis. The differential diagnosis of uterine and abdominal tumors is thoroughly given, and illustrated with shaded outlines of many such growths, as well as of tumors containing blood, or pus. The work is also remarkably free from theories and speculations.

The lateral position in the abdomen, often assumed by the gravid uterus, is illustrated at page 292. Dr. Hewitt defines the *certain* signs of pregnancy to be:—

1st. The active movements of the child unequivocally felt by another.

2d. The presence of the child *in utero*, ascertained by ballottement.

3d. The sounds of the fetal heart.

The differential diagnosis of ovarian tumors from pregnancy is treated of at length, and with much minuteness.

In the treatment of chronic inflammation of the uterus, we are pleased to see that the author sets more value on *rest*, *anodynes*, local depletion and soothing measures, than on the more heroic treatment by caustics and scarification of the cervix uteri advised by Bennett, and followed, we cannot but think to injurious excess, by many modern specialists. Many cases of dysmenorrhœa may, Dr. Hewitt thinks, be successfully treated in the same way.

He entertains great question as to the propriety of puncturing peri-uterine hæmatocele, or of opening pelvic abscess early. In this, we must say that we cannot agree with him. A recent fatal case is powerfully impressed on our mind. In this patient, a fluctuating tumor could be felt between the vagina and rectum, low down, and large. The cervix and os uteri were not connected with it. The patient was extremely reduced by suffering. Numerous physicians had advised against opening it. Within twenty-four hours after we first saw it, it burst, and

discharged many ounces of pus into the peritoneal cavity, with a fatal result.

We take pleasure in commending Mr. Hewitt's work to those in search of the most modern manual on the diseases of women. The elegant appearance of the volume is a credit to the American publishers.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 12, 1868.

NEW BUILDING FOR OUT-PATIENTS AT THE CITY HOSPITAL, BOSTON.

THE erection of a NEW PAVILION FOR OUT-PATIENTS at the CITY HOSPITAL demands a passing notice at our hands. The year 1867 completes the third entire year of this Hospital's existence, its first Annual Report comprising a period of eight months, from June, 1864, to January, 1865. How much it has grown in that time is shown by a tabular view, on page 12, of the Fourth Annual Report of the Trustees. By this it appears that the patients admitted in 1864 numbered 475; in 1865, 1066; in 1866, 1432; and in 1867, 1534. During the same years the number of out-patients treated was 371, 1143, 3324, and 7015, respectively. The number of accidents seeking admission was, 129, 242, 345, and 328, respectively. The ratio of increase of 1867 over 1865—to compare only complete years—was, for in-patients, one half more; for accidents, one half more; and for out-patients, seven fold. It remains to be proved how much Roxbury will add to this natural annual increase. The beds were very evenly divided between the medical and the surgical cases—there being 690 of the former to 687 of the latter.

Among the total 1697 patients treated during the year, 146 died, being a mortality of 8½ per cent. From this should be deducted three cases which died immediately on entrance; and, properly, a number of others, who were in a moribund condition when brought in, but who lived for some hours. A fair average of the mortality would be about eight per cent.

Besides the usual tables of expenditures and receipts, all the medical and surgical

cases are tabulated according to the nosological arrangement of Mr. Farr. Tables of ophthalmic cases and operations, of accidents, operations and results, and causes of death, as well as full tabular reports of the out-patients, are given.

Of the patients admitted, we find that 540 were natives of the United States, and 691 Irish—the balance being made up from all countries. The greatest number—321—came among the males from the class of laborers; and among the females, 332 were domestic servants.

There were performed in the surgical department 548 operations, and in the ophthalmic department 215 operations; making a total of 763 operative cases during the year, the greater portion of which were done in the amphitheatre and in public.

There were 328 accidents, of which 173 were fractures. The field for observing traumatic surgery is thus very extensive, and invaluable opportunities are afforded by these large clinics of casualties for seeing and comparing all the ordinary, and many unusual, injuries. The medical wards, also, have been re-filled many times with all forms of disease, including—in separate pavilions—even scarlet fever, smallpox, typhus, and other contagious maladies.

Clinical instruction has been given, and lectures delivered at the hospital, twice in each week, which have been largely attended.

"It will be seen," say the Trustees, "by the statistics heretofore given, that the out-patients' department has assumed very large proportions, and is constantly on the increase; this does not add materially to the cost of maintaining the hospital, as the services of the physicians and surgeons are gratuitous, and medicines are not furnished by the city, except in cases of actual need.

"An incalculable benefit is thus conferred by the medical faculty upon the suffering poor of our city, and many thus provided for would otherwise be admitted to the hospital, thereby considerably increasing the expense; in fact, it can readily be seen that this department is where the greatest number is assisted at the least cost."

"In June, 1867, the City Council appropriated \$16,000 for the erection of a building for out-patients in connection with the porter's lodge, and in July, the foundations of the Lodge being found in such condition

that it was deemed unsafe to build, in connection therewith, an appropriation of \$1,200 was made to take down and rebuild the same; the total amount being \$17,200.

"The building is now completed, and in addition to the accommodation of out-patients, it will prove convenient for coroners' inquests, funerals, &c.

This building is one story high, with a Mansard roof, and is 105 feet long by 33 broad. It is built of brick, trimmed with granite. It has a cemented and arched cellar, under the whole structure. It is finished entirely in chestnut, being panelled up about three feet from the floor. The latter is of hard pine. There is no paint about the building. It contains the following apartments:

The porter's room, or lodge, 13 feet by 19, with a vestibule $10\frac{1}{2}$ by $12\frac{1}{2}$ feet. Through this room is the only entrance to the hospital, other than by carriages. It is entered by large glass doors, opening on to the street; and through it, and under the porter's eye, must pass every person going in or out of the building. Here is kept a list of all patients, and in what wards they are to be found. All articles of food or drink brought the sick are inspected here, and often tabooed.

By a crank worked in this room, the carriage gates are opened with ease, and without stepping out of doors. In the reception of night accidents, this is found to be a great convenience. A lamp, sign and night-bell on the street direct the inquirer at night; and, within the grounds, a red lantern directs him to the door of the accident ward.

Over the porter's room, and an adjoining one for his private use, are four chambers, to be occupied by himself and wife. The whole building is heated by furnace, and supplied with wash-bowls, sinks and water-closets.

Passing straight on from the porter's room, we enter a corridor six feet wide by twenty-three long. The first door on the left opens into a room 12 feet by 18, furnished with settees, to be used as a waiting-room for those who come to be examined by the Admitting Physician. From this opens his private room, for examination, $11\frac{1}{2}$ by 18 feet. At the bottom of the entry

we find a large door leading into a general out-patients' waiting room, $24\frac{1}{2}$ by 30 feet. This large room is arched up into the Mansard roof, and is 18 feet high. It is filled with settees for the out-patients, and on the ophthalmic days these are occupied, on the average, by 130 patients. Large folding doors connect this with another room of equal dimensions, for examination and clinical instruction. This is furnished with desks, water-fixtures, gas, tables, cup-boards for solutions, collyria, &c., and a cabinet of wax models of the diseased eye. On three days in the week these rooms are occupied by the ophthalmic surgeon; and, on the alternate days, by the physician to out-patients. (The surgical out-patients are treated every day in four rooms adjoining the accident ward, in the basement of the surgical pavilion.) These two larger rooms, thrown into one by folding-doors, make an apartment 43 by 30 feet, well adapted for clinical instruction to a large class of students, or for lecture rooms; and equally well adapted for coroners' inquests, and funerals.

Beyond these rooms is still a third, or physician's private room, $12\frac{1}{2}$ by 18 feet, arranged with a lounge, &c. for vaginal examinations, and with close shutters for the ophthalmoscope. A private door for the officers opens from this end of the building into the hospital yard.

The peculiarities of this new pavilion for out-patients are its plain and solid character, the large size of the rooms, and, from the fact of there being no attic story, the height and airiness of the apartments. Of a simple design and but one story high, it is a positive ornament to the hospital grounds—while in completeness of arrangements we do not believe it is surpassed, if equalled, by any similar building. It is equally well fitted for the seven thousand patients who now visit it, or for the much larger number who will repair to it years hence.

In closing this notice, it seems proper for us to add, for those of our readers who are at a distance, a few words respecting the true design of the City Hospital.

"There seems to be some misapprehension," say the Trustees, "on the part of many citizens regarding the class of persons for whom the Hospital was intended, and the Trustees are often solicited to admit

those who are in such condition as to be beyond the hope of cure, and who from lack of means, being paupers in the strict sense of the term, seek admission for the sake of securing a comfortable home until death shall relieve them from their troubles; and it is said by those interested in their behalf, that there is no reason for debarring them from this privilege, as the institution is a 'Free Hospital,' and the expenses thereof are borne by the tax-payers of the city. If this view of the case were correct, a few days would suffice to fill the wards to their utmost capacity, and vacancies would be caused by death only; but the trustees believe that neither the law, nor the intent of the originators, contemplated any such course. The act of the Legislature of 1858 reads as follows:

"The city is hereby authorized to erect and maintain a hospital for the reception of persons who by misfortune or poverty may require relief during temporary sickness."

The ordinance of the city says:

"The City Hospital is established for the reception of those only who require *temporary* relief during sickness. The Trustees may however admit other persons to the institution temporarily, when necessity requires; but such persons shall be removed to other appropriate public institutions as soon as their condition will permit."

It is distinctly laid down in the Rules of the Hospital that persons accidentally disabled or injured are received without question, and at all hours. No such person has ever yet been turned away from its doors.

All citizens of Boston, with any disease but the parturient condition, whose cases afford hope of relief by treatment, are admitted on the diagnosis and direction of the Admitting Physician. Any sick persons from anywhere outside of the city, whose cases give promise of relief, are admitted on paying board; either in the wards, or in elegant and wholly distinct private rooms.

The Hospital is tolerably complete in its medical, surgical, ophthalmic and contagious disease departments. Wards for sick children, and a lying-in department, are, however, much needed.

Even now, with Roxbury barely joined to Boston, there is a constant excess of in-patients. An average of 229 patients occupy the 220 beds the Hospital can accommodate, and a pressing want of more room is already felt.

According to the testimony of many medical gentlemen who have recently visited the hospitals abroad, the Boston City Hospital is not surpassed, in its buildings and generous provision for the sick, by any in Europe.

We may be allowed to add, for the benefit of physicians and students, that the former are always welcomed to visit its wards; and the latter have yearly an opportunity, not only for clinical instruction, but to reside within its walls as House-officers, if they excel in a competitive examination held annually by the medical staff.

ARTIFICIAL NOSE.—We are informed that a very good substitute for the nose lost by accident or disease, has been devised by Dr. A. S. Dudley, of Salem. Fastened securely to the face, it is said to bear an excellent resemblance to the lost organ.

EXAMINATIONS FOR SURGICAL POSITIONS IN THE U. S. ARMY.—We condense the following information from a circular received from the Surgeon-General's Office. A notice of the time and place of the examination will be found among our advertisements.

"All candidates for appointment in the Medical Corps, must apply to the Surgeon General, U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the hand-writing of the candidate, stating age and birthplace, and be accompanied by testimonials from Professors of the College in which he graduated, or from other physicians of good repute. If the candidate has been in the Medical service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and Testimonials as to qualifications and character from Officers with whom he has served should also be forwarded.

"Candidates must be graduates of some regular Medical College, proof of which must be submitted to the Board before examination, and must be between 21 and 30 years of age.

"The morals, habits, and physical and mental qualifications of each candidate will be subjects for careful examination by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

"The following will be the general plan of examination:

"1. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

"2. Physical examination. This will be rigid, and each candidate will be required to certify 'that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate.'

"3. Examination as to general aptitude and education.

"4. Written examination on anatomy, physiology, hygiene, surgery and practice of medicine.

"5. Oral examination on each of the above mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence and materia medica.

"6. Clinical examination, medical and surgical, at a hospital.

"7. Performance of surgical operations on the cadaver."

MASSACHUSETTS MEDICAL COLLEGE.—The following are the names of the gentlemen who received their degrees on the 11th inst., with their residences and theses annexed:—

Aldrich, Ezra Barnes, *Lowell*, Treatment of Phthisis.
 Andrews, Charles Temme, A.B., *Nova Scotia*, Typhoid Fever.
 Barden, Edward Emery, *Rockport*, Cellular Pathology.
 Bishop, William Pallen, *New Brunswick*, Pneumonia.
 Boner, Charles Albert, *Boston*, Phlebitis.
 Boothby, Orson Alphonso, *Livermore, Me.*, Pericarditis.
 Botterell, James Albert, *St. Johns, N. F.*, Vivisection.
 Boyd, Robert, *Woodstock, N. B.*, Alcohol.
 Boyd, Robert Alfred, *Nassau, N. P.*, Yellow Fever.
 Brine, John Frederic, *Cape Breton*, Oxygen.
 Carpenter, Frederic Benoni, *Pawtucket, R. I.*, Disinfectants.
 Carroll, Albert, *Boston*, Puerperal Convulsions.
 Coleman, James Anderson, *Cornwallis, N. S.*, Albuminuria.
 Conant, Thomas, M.D., *E. Bridgewater*, Hemorrhage.
 Cushing, Henry Joseph, *Skowhegan, Me.*, Typhoid Fever.
 Donham, Benjamin Eugene, *E. Abington*, Growth and Nutrition of Bone.
 Dunbar, Edward Morris, *Springfield*, Angular Curvature of the Spine.
 Elliot, Herbert, *Halifax, N. S.*, Language of the Muscles.

Fellows, Joseph Howe, *Nova Scotia*, Peritonitis.
 Folsom, Edward Channing, *S. Reading*, Asthma.
 Goodwin, Charles Quincy, *S. Reading*, Opium.
 Hanscom, Sanford, *Albion, Me.*, Hydrophobia.
 Holdrege, Sidney Latham, *Irvington, N. Y.*, Disease.
 Jackson, Walter Marsh, *Providence, R. I.*, Acute Articular Rheumatism.
 Jelly, George Frederick, A.B., *Salem*, Compound Fractures.
 Keith, Theodore Scott, *E. Bridgewater*, Pneumonia.
 Lane, Edward Stanley, *Lunenburg, N. S.*, Opium.
 Lund, Oscar Frederic, A.B., *Boston*, Aneurism of Thoracic Aorta.
 MacFarlane, Foster, *Gagetown, N. B.*, Diphtheria.
 MacLeod, Angus, *Charlottetown, P. E. I.*, Apoplexy.
 McRobert, Edward True, *Londonberry, N. S.*, Typhoid Fever.
 Maher, Thomas, *Providence, R. I.*, Typhoid Fever.
 Massey, John, *U. S. Army*, Typhoid Fever.
 Miller, Charles Nathaniel, *New York City*, Syphilis.
 Moore, Samuel Lawrence, *Boston*, Erysipelas.
 Morris, Charles Henry, *Halifax, N. S.*, Diphtheria.
 Munro, Kennedy, *Pictou, N. S.*, Scarlatina.
 Perry, Edward Everett, *Mansfield*, Endocarditis.
 Prittie, William Henry, *Boston*, Mind in Disease.
 Remick, Augustus, *N. Bridgewater*, Insomnia.
 Rowe, George Howard Malcom, A.M., *Boston*, General Paralysis.
 Ruddick, William Henderson, *Boston*, Sympathetic Nerve.
 Shreve, Charles James, *Chester, N. S.*, Diphtheria.
 Sutherland, Neil, *Boston*, Ventilation.
 Webster, John Ordway, *Augusta, Me.*, Epilepsy.
 Welton, Robert Bradley, *Nova Scotia*, Saturnismus.
 West, John, *Francesstown, N. H.*, Pneumonia.
 Woods, Leonard, *Malden*, The Thermometer in Disease.

THE USE OF HOLT'S DILATOR FOR STRICTURES OF THE URETHRA.—Dr. Hutchinson presented to the New York Pathological Society a specimen of stricture of the urethra, and gangrene of the lungs, occurring in the same individual. The patient was a sailor, thirty-eight years of age, admitted into the Brooklyn City Hospital, on the 9th of September last. . . . On entering the hospital a stricture was discovered two and a half inches from the meatus, and a second

one at a distance of five and a half inches. The first stricture could be passed with comparative ease, but through the second, not even the smallest instrument could be passed. An instrument was introduced from time to time, first, every fourth day, and subsequently every day, by the house surgeon, until at the end of the month a No. 1 bougie was successfully passed. On the 15th of October a sound was introduced into the urethra, and afterward the dilator of Holt, and passed back as far as seven and a half inches, but beyond this it was impossible to go into the bladder. Although the urine did not flow, the doctor felt satisfied that the instrument was entirely through the stricture; he therefore passed down a No. 10 staff and ruptured the stricture. Immediately after this a No. 7 catheter was passed and the urine drawn off. The operation was performed without the use of chloroform.

Immediately after the operation, a dose of quinine and opium was given; twenty-four hours afterward he had a chill, but the following day was quite comfortable. On the second day he had another chill; supposing then that the intermittent had returned, quinine was given which relieved him for seven days. At this time he was taken with a very severe chill and indications of double pneumonia. On the fifth or sixth day of the pneumonia the expectoration became excessively fetid, and continued so until the time of death, which occurred six weeks from the time of his entering the hospital. At the *post-mortem* examination a large cavity was found in the right lung filled with fetid fluid. The urethra shows that the first stricture was not ruptured, as any stricture that will admit a No. 5 sound is not ruptured by the instrument, but simply dilated. On going further back the second stricture is found to be ruptured. The third lobe of the prostate is considerably enlarged, which accounts for the difficulty in getting the instrument into the bladder.

In conclusion, Dr. Hutchinson stated that he had not used the instrument until recently, and had been led to adopt the practice, from hearing the very favorable results of Mr. McNemara, of the Dublin Hospital, who has operated some two hundred times, during the last seven years, without a single bad result. Dr. Whitehead did not think that, under ordinary circumstances, such an operation would be justifiable unless the urine could be seen to flow.

Dr. Hamilton stated that among his earliest recollections was the treatment of

urethral obstructions without the use of instruments, simply confining the patient to bed and putting him upon a low diet. About that time the favorite practice was that of forcible dilatation, and after that came the perineal incision of Symes. The conclusion that he has arrived at, from his own observation and experience, and observation of others, is that there are very few strictures through which the patient can pass water, which cannot be cured by gradual dilatation, without being attended with any hazard. His own convictions are in favor of regimen and gradual steady dilatation. He could not be convinced that rupture of a strictured portion of the urethra would not leave a liability to the formation of a traumatic stricture, quite as troublesome as the one which originally existed. In conclusion, he called upon Dr. Parker to state his views.

Dr. Parker quite agreed with Dr. Hamilton as to the importance of low diet and rest. These alone, in many cases, will effect a cure. He long ago learned an important lesson from the case of a young man who had been treated for stricture by mechanical means, without success. The same patient was afterward put upon a simple mixture of spirits of nitre, and a low diet enforced. The result was that he soon recovered, without any further use of instruments. He had never tried the instrument of Mr. Holt, but his prejudices were not in favor of it as a mode of treatment. He confessed himself somewhat amazed at the results of Mr. McNemara, and the question arose, whether there were not, in these two hundred favorable cases, many very trivial strictures. He thought it somewhat singular, *that every single case should have been successful*. Considering, also, that many of the patients were never observed again, he was inclined to regard the result as not entirely reliable. A single point had occurred to him in listening to the details of Dr. Hutchinson's case, whether a patient is not put in great danger by the rupture of a stricture, anterior to which there exists a second one, through which only a No. 4 sound can be passed. Whether it would not be better, in such a case, to dilate or rupture the most anterior stricture first, so as to obviate the possibility of any mechanical obstruction between the ruptured stricture and the meatus.

Med. and Surgical Reporter.

THE number of patients admitted to the Iowa Hospital for the Insane from Oct. 31, 1865, to Oct. 31, 1867, was 343.

MEDULLARY NEUROMA IN THE SUBSTANCE OF THE BRAIN.—We find in the *Archives G n rales* the case of a man aged 35, who presented the symptoms of a cerebral tumor, characterized by gradual and progressive hemiplegia of the left side, intense and almost continued headache, repeated vomiting, and sluggishness of the intellectual faculties. Death occurred three months after the first symptoms appeared.

At the autopsy, a well-circumscribed and easily-enucleated tumor, the size of a large orange, was found in the substance of the right hemisphere, on the outer side of the lateral ventricle, which was flattened and pushed aside. The convolutions on the outer side of the hemisphere were flattened, but the cerebral substance around the tumor showed no lesion. The surface of the tumor was uneven, presenting lobules resembling small cerebral convolutions, and was of a rosy, grayish-white color, like that of the brain; it was covered by a fine, very vascular membrane. Two cysts, one the size of a hen's egg, were situated in its interior; they contained a greenish-yellow fluid. On section, the medullary appearance of the tumor was less marked than at the surface, from the greater consistence of the tissue and its greater vascularity; the surface of the section was mottled and on a rosy, whitish or grayish ground, a great number of hemorrhagic points were seen; here and there were yellowish, fatty discolorations. Microscopic examination showed that it was composed almost wholly of young nervous elements in process of growth, which, though not disposed with great regularity, were, in general, cellular at its circumference and fibrous at its centre.

POST-MORTEM EVIDENCE OF RECOVERY AFTER RUPTURE OF THE DIAPHRAGM.—Prof. Jos. Engel, of Vienna, in the *Wiener Med. Wochenschrift*, 12th June, 1867, reports the case of a clergyman, 67 years of age, examined in the Institution for Pathological Anatomy. On the right side of the chest there was found a healed fracture of the ribs, beginning near the anterior extremity of the seventh rib, and ending at the fifth. There was no scar upon the skin.

On the superior portion of the liver, near the right side of the suspensory ligament, near its centre, the liver substance formed a perpendicular process, running superiorly, of a cylindrical form, and the end rounded off. Its height was five centimetres, and its circumference fourteen centimetres. This fitted exactly into a sac of peritoneum,

which penetrated the diaphragm at the anterior portion of the tendinous part. It was united to the base of the lung by adhesions, forming a complete hernial sac, containing a portion of liver. The liver was adherent to the diaphragm in several places. The right lung was adherent to the diaphragm throughout its whole extent. Concerning the nature or time of the injury nothing could be ascertained.

LIQUOR FERRI PERSULPHATIS AS AN ANTI-PERIODIC.—Dr. G. H. Lenoir states (*Southern Journal Medical Science*, Nov. 1867,) that he has tried the liquor ferri persulphatis in several cases of intermittent fever, where quinia had failed, and even produced unpleasant effects.

"Immediately after the administration of the iron the chills ceased, and in but one case was there a recurrence of the malady, and in that the patient had but one chill, after which there was no symptom of a recurrence."

He gave the solution in doses of from eight to fifteen drops every four or six hours, generally preceded by a full dose of pil. cathart. comp.

CUBEBIC ACID.—The curative power of cubeba has been found to reside in cubebic acid, a crystallizable constituent, and not in the volatile oil or resins. From eight to thirty grains of this in pill, in twenty-four hours, completely cured three out of five patients in six days. In the remaining two the discharge was very much diminished.

Med. and Surg. Reporter.

ODD MEMBERS.—Sir James Y. Simpson stated at a late meeting of the Obstetrical Society of Edinburgh, that he had seen in his practice in that city seven cases of intrauterine amputation, all of the left arm, with rudimentary fingers existing; and he remarked that it was almost universally the left arm that was missing in these cases of odd members. Some years ago Prof. Simpson calculated that if this deformity occurred as often elsewhere as in Edinburgh, which was probably the fact, there must be from forty to fifty thousand such left-handed individuals in the world. The fact of the embryo generally lying on the left side might account for the left arm amputations. He related the case of a girl who had neither arms nor legs, residing in the Highlands of Scotland, and also that of a graduate of the University of Edinburgh, without arms, who wrote his exercises with his feet.

Correspond. Atlanta Med. Jour.

Selections and Medical Items.

VENOUS (AND MARS).—A Paris correspondent of the New York *Medical Record* tells the following amusing story:—

"One day lately, the *garçon de service*, employed in the wards of Dr. Fouquier, appeared with two black eyes, and his face covered with bruises. 'What is the matter with you, my man?' inquired M. Fouquier, always kind and polite. 'I have been fighting with M. Bouillaud's *infirmier*, but he is more done for than I am.' 'You were very wrong. What were you fighting about?' 'Because he insisted that it is always necessary to bleed in typhoid fever!' The gravity of the physician was not proof against this unexpected reply. When it is remembered that M. Bouillaud is the author of the famous system of bleeding in pneumonia twice a day, *coup sur coup*, and extends his sanguinary propensities to typhoid fever also, the belligerent enthusiasm of his humble subordinates may be easily explained."

OIL OF JUNIPER AS A DIURETIC.—Sir James Simpson, of Edinburgh, spoke, before the British Medical Association, in terms of high praise of this oil inhaled as a vapor in promoting the flow of urine. He puts a teaspoonful of the oil of juniper into a vessel of hot water, and directs the patient to breathe the steam. This gentleman, who is so well known as an advocate of chloroform in midwifery, at the same time expressed his belief that a century will find the profession administering all of our remedies in the form of vapors.—*Half Yearly Compendium of Medical Science.*

SEPARATION OF MEDICAL AND SURGICAL WARDS.—M. Mazzoni insists on the necessity of separating, even removing far apart, the surgical wards from the medical, that is to say, during the prevalence of variola, erysipelas, typhoid fever, &c. Puerperal fever is unknown in *La Maternité*, at Naples; not a case of this affection has appeared in the statistics of thirty years—compiled by M. Polasciano.—*Gazette Hebdomadaire.*

At the late commencement of the Bellevue Medical College Hospital, New York, the graduates numbered 111. Addresses were made by Mr. Clarence A. Seward and by Dr. F. H. Bosworth, of the graduating class.

The exercises of the Medical Department of the University of New York were held on the 3d inst. The address to the graduates was delivered by Prof. Darling, of the Medical Department. The number of graduates was 82. The following were the awards of medals of honor:—Mott medals, gold, to James Synott, Conn.; silver, to A. L. Ranney, N. Y.; bronze, to B. Hughes, Conn. Budd Prize, Thomas J. Moore, N. C.; Roosa Prize, W. J. H. Bellamy, N. C.; Buttle Prize, James C. Hallock, N. Y.

The sixty-first annual commencement of the College of Physicians and Surgeons, New York, was held March 5th. The number who received the degree of M.D. was 102. The award of Prizes was as follows:—Harsen Prize to Charles

A. Leonard, of Mass. Prizes for theses—1st, to Ed. Frankel, of New York; 2d, to Benjamin R. Swan, of Brooklyn.

It is proposed to build a hospital in Yonkers, N. Y. An organization has been effected and a board of trustees appointed.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.

THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted.—Removal of Tamarind Stone from Trachea.—A Case of large Pulmonary Abscess.—Obstetrical Society Reports, No. 1.

BOOKS AND PAMPHLETS RECEIVED.—Atlas of Venereal Diseases. By A. Cullerier, Surgeon to the Hospital du Midi, &c. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M.D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. With 150 Colored Figures. To be completed in five Parts. Part I, pp. 140. Philadelphia: Henry C. Lea. 1868.—Felix von Niemeyer's Clinical Lectures on Pulmonary Phthisis. Translated by J. L. Parke. New York: Moorhead, Simpson & Bond. 1868.—On Chronic Alcoholic Intoxication. By W. MacCet, M.D., F.R.S., &c. First American, from Second English Edition. New York: Moorhead, Simpson & Bond. 1868.—Anthracite and Health. By George Derby, M.D. Boston: A. Williams & Co.—Fifty-fourth Annual Report of the Massachusetts General Hospital.—Report of the Officers of the Iowa Hospital for the Insane, for the Fiscal Years 1866-67.

DIED.—At Brunswick, Me., 7th inst., the venerable Isaac Lincoln, M.D., one of the oldest physicians in the State.—By accidental drowning in Fox River, at Algonquin, Ill., Dec. 26th, 1867, Henry C. Dean, M.D., a graduate of Harvard College, and late Surgeon in the Army.

DEATHS IN BOSTON for the week ending Saturday noon, March 7th, 1868, 113. Males, 67—Females, 46. Accident, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 4—bronchitis, 7—cancer, 3—consumption, 13—convulsions, 5—croup, 3—diarrhoea, 1—diphtheria, 1—dropsy of the brain, 2—epilepsy, 1—erysipelas, 1—exhaustion, 1—scarlet fever, 12—typhoid fever, 1—disease of the heart, 5—excision of the hip, 1—infantile disease, 5—influenza, 1—insanity, 2—intemperance, 1—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 10—marasmus, 1—measles, 2—old age, 4—paralysis, 2—premature birth, 3—puerperal disease, 2—pyæmia, 1—rheumatism, 1—scalded, 1—disease of the stomach, 2—teething, 1—tumor, 1—unknown, 6.

Under 5 years of age, 52—between 5 and 20 years, 15—between 20 and 40 years, 17—between 40 and 60 years, 12—above 60 years, 19. Born in the United States, 86—Ireland, 21—other places, 6.